

Police Department | Animal Services Division 1950 Stevenson Boulevard, P.O. Box 5006, Fremont, CA 94537-5006 510 790-6640 ph | 510 790-6632 fax | www.fremont.gov

ID#		
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Cat Adoption Profile

Please fill out completely so we can better assist you in adopting the cat that best fits your lifestyle.

Family Information		
Name		Driver's License #
Address		
		(cell)
Email		
(Please circle appropria Landlord Name and Ph#	e w/parents <u>Type</u> : Hou ate housing and type) ng at above address	se Condo Apartment Mobile Home Landlord approval? Yes No
How long are you away from h What will you do if your cat ha	nome each day? has (or develops) behavior p	Garage Free Roam (In/Out) rs. problems such as spraying ng furniture, etc?
What happened to that cat? Do What will you do with your ca What activity level are you loo Do you plan on having your ca	t if: You have to move? tking for in your new cat? td de-clawed? Yes No P te that your cat may have b	
Yearly exams and vaccinations Initial that you understand you	t included in the adoption as? Yes No Licensing fee's will NOT receive a refund	fee) of \$60-\$150 or more? Yes No s? Yes No Emergency vet care? Yes No If for any adoption fees
I certify that I am at least 1	18 yrs of age and all the	e above information is correct.
Signature		Date
Officer Approved/Denied	Today's Date	